

# High-Impact HIV Testing

## What is “High-Impact” HIV Testing?

In the more than 25 years since the release of the first test that could detect HIV antibodies in a human<sup>1</sup>, many things have changed about HIV testing. What once took two excruciating weeks for results can now take as little as a few minutes (see Rapid HIV Testing information sheet). Research shows that when people learn they are HIV-positive, they take steps to protect their own health and prevent HIV transmission to others.<sup>2</sup> Knowledge of HIV status also allows HIV-positive individuals to be linked to appropriate care, and when appropriate, begin taking antiretroviral therapy, which can further reduce the risk of HIV transmission to others.<sup>3,4</sup> Strategies to make HIV testing widely accessible to all those at risk, then quickly and effectively helping those who test HIV-positive to link to high-quality care, can have a significant impact on the overall HIV epidemic. HIV testing is an important component of the Center for Disease Control and Prevention’s (CDC’s) new “High Impact HIV Prevention” approach, which emphasizes scalable, cost-effective interventions with demonstrated potential to reduce new infections. There are two main High-Impact HIV Testing strategies:

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**Opt-out HIV Testing as Part of Routine Medical Care.** In 2006, the CDC released revised recommendations for HIV testing in healthcare settings.<sup>5</sup> These revised recommendations aim to make HIV testing a routine part of all medical care, allowing people to “opt-out” if they don’t want a test, rather than having to “opt-in” by asking for an HIV test. Counseling is not required with this type of testing; however linkage to HIV-specific medical care for patients who test HIV positive is an important part of the HIV Testing in Medical Settings recommendations. Integration with available STD testing and treatment in healthcare settings is also highly recommended.

**HIV Counseling, Testing and Referral (CTR).** HIV CTR is a collection of activities designed to increase clients’ knowledge of their HIV status (**Testing**), encourage and support risk reduction (**Counseling**), and secure needed referrals for appropriate services (**Referral**) – including linkage to medical care when needed. HIV CTR is most commonly provided in non-healthcare settings, but can be offered anywhere. Strong linkage to high-quality medical care is a required component of most CTR programs. STD testing is also frequently integrated into HIV CTR programs, along with direct linkage to medical services for STD treatment if indicated.

There are 8 core elements of HIV CTR:

1. Ensure that CTR is always **voluntary** and done with **informed consent**
2. Provide **information** and **education** to the client about the test and the client’s options and opportunities
3. Provide **client-focused HIV prevention counseling** to address the client’s needs
4. Establish clear and easy guidelines and **sobriety standards** to help counselors determine when clients are not competent to provide informed consent
5. Use an **FDA-approved HIV testing technology**
6. Deliver test results in a **supportive, clear, understandable** manner
7. Assess the need for referrals, **provide appropriate referrals**, and help the client link to those services
8. **Track all referrals** offered, and which linkages were successfully made

For more information on these core elements, see the HIV Counseling, Testing, and Referral information sheet.

## Effective Models for HIV Risk Reduction Counseling

Effective HIV risk reduction counseling is still an important part of HIV testing interventions for high-risk individuals. Risk reduction counseling is most commonly included in CTR when offered in community-based, non-clinical settings. HIV counseling and testing experts have been working to design new risk reduction counseling interventions that work effectively to reduce HIV risk in today's HIV testing environments. Two of these interventions have been demonstrated to be effective and are detailed below.

### Personalized Cognitive Counseling (PCC)



Personalized Cognitive Counseling, or PCC, is an intervention geared toward reducing incidents of unprotected anal intercourse among HIV-negative men who have sex with men (MSM) and repeatedly test for HIV.

Specifically, it:

- Is a 30-50 minute counseling session
- Focuses on a specific incident of unprotected anal intercourse
- Is delivered by someone trained in PCC counseling
- Is to be used with an HIV-negative MSM who had unprotected anal intercourse since his last HIV test with a male who was not his primary partner, and whose HIV status was positive or unknown.<sup>6</sup>

**PCC involves a 5-step process**, in which the counselor assists the client to:

- 1) Recall a specific, memorable incident where they had unprotected anal sex
- 2) Complete a PCC Questionnaire, which contains a list of self-justifications used to rationalize risky behavior
- 3) Discuss the specific incident of unprotected sex, and the client's thoughts and feelings related to it
- 4) Identify the self-justifications that were during the incident of unprotected sex, and
- 5) Discuss strategies to prevent similar incidents in the future.

**Results of the Studies behind PCC:** There were two research studies that tested the intervention that eventually became PCC. In both studies, at 6 and 12 months after counseling, PCC participants had significantly fewer episodes of unprotected anal intercourse than their MSM counterparts in the comparison group. In the first study, the average number of unsafe episodes had dropped to almost half by six months after counseling, and this reduction was still true a year after counseling. In the second study, PCC participants reported being more satisfied with the counseling services they received in the intervention, compared to the satisfaction of those who received a standard counseling session.<sup>6,7</sup>

## RESPECT

RESPECT is a client-focused, interactive HIV risk reduction counseling model, which:

- Takes place over 2 sessions
- Follows a structured protocol for counseling
- Is delivered by a trained RESPECT counselor

RESPECT supports risk reduction by increasing the client's perception of his or her own personal risks and encouraging the client to utilize **incremental strategies** to successfully reduce risk. The intervention is based on the **Theory of Reasoned Action**<sup>8</sup> and **Social Cognitive Theory**.<sup>9</sup> The counselor uses or creates a "teachable moment" during the counseling session to help a client recognize and register concern about their HIV risk, then motivate them to change their behavior and reduce their risk. The counselor works with the client to develop a concrete, incremental risk reduction plan. A structured protocol guides the counselor for each sessions.



**Results of the RESPECT Study:** Clients who received the RESPECT counseling intervention reported significant reduction of risk behaviors and were diagnosed with fewer new STDs than those in the comparison group, who only received brief educational messages. These changes lasted for at least 12 months for many people.<sup>10</sup>

For more information about RESPECT or to register for a RESPECT training, go to:

<http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/RESPECT.aspx>.

## Additional Resources

Here are some additional resources that provide more specific guidance about effective High Impact HIV testing interventions:

- RESPECT: [www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/RESPECT.aspx](http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/RESPECT.aspx)
- PCC: <http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/PCC.aspx>
- A 3 part Online Training series on High Impact HIV Testing is available on the Capacity 4 Health Online Resource Library at <http://library.capacity4health.org>
- Capacity for Health offers individualized capacity-building assistance. For more information, contact Capacity for Health at 415-568-3308 or [c4h@apiahf.org](mailto:c4h@apiahf.org).

<sup>1</sup> Wilber JC. (1987) Serologic testing of human immunodeficiency virus infection. *Clin Lab Med.* 7(4):777-91.

<sup>2</sup> Weinhardt LS, Carey MP, Johnson BT, et al. Effects of HIV counseling and testing on sexual risk behavior: a meta-analytic review of published research, 1985-1997. *Am J of Public Health* 1999; 89(9):1397-1405.

<sup>3</sup> Cohen MS, Chen YQ, et al. Prevention of HIV-1 Infection with Early Antiretroviral Therapy. The HPTN 052 Study Team. *N Engl J Med* 2010; 363(27):2587-2599.

<sup>4</sup> Kitahata, M. M., et al. (2009). "Effect of Early versus Deferred Antiretroviral Therapy for HIV on Survival." *New England Journal of Medicine* 360(18): 1815-1826.

<sup>5</sup> CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. *MMWR* September 22, 2006; 55(RR14): 1-17. Available at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm).

<sup>6</sup> Dilley JW, Woods WJ, Loeb L, et al. (2007). Brief Cognitive Counseling With HIV Testing To Reduce Sexual Risk Among Men Who Have Sex With Men: Results from a Randomized Controlled Trial Using Paraprofessional Counselors. *J of AIDS*, 44(5): 569-577.

<sup>7</sup> Dilley JW, Woods WJ, et al. (2002). Changing Sexual Behavior Among Gay Male Repeat Testers for HIV: A Randomized, Controlled Trial of a Single-Session Intervention. *Journal of Acquired Immune Deficiency Syndrome*, 30(2): 177-186.

<sup>8</sup> Rothman AJ. (2000) Toward a theory-based analysis of behavioral maintenance. *Health Psychol.* 19(1 Suppl):64-9.

<sup>9</sup> Bandura A. (2004) Health promotion by social cognitive means. *Health Educ. Behav.*, 31: 143.

<sup>10</sup> Bolu OO, Lindsey C, Kamb ML, Kent C, Zenilman J, et al. (2004) Is HIV/sexually transmitted disease prevention counseling effective among vulnerable populations?: a subset analysis of data collected for a randomized, controlled trial evaluating counseling efficacy (Project RESPECT). *Sex Transm Dis*, 31(8):469-74.